

**U.S. Department of Health and Human Services  
Health Resources and Services Administration  
Bureau of Health Professions**

**Academic Year: 2024**

**Application to Participate in the  
Nursing Student Loan (NSL) Program**

**Section I: INDICATIVE DATA**

Institution: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Zip 4 Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

USSid: (If Exist) \_\_\_\_\_ UEI: \_\_\_\_\_

Congressional District: \_\_\_\_\_

Central Registry Entity Identification Number: \_\_\_\_\_

Institution Code: \_\_\_\_\_

**A. PROGRAM TYPE:** (An application must be filled out for each discipline)

Check the appropriate line

\_\_\_\_\_ Associate Degree

\_\_\_\_\_ Diploma

\_\_\_\_\_ Baccalaureate Degree

\_\_\_\_\_ Graduate Degree

**B. ACCREDITATION INFORMATION:**

a. Name of Accrediting Association: \_\_\_\_\_

b. Status of Accreditation (check the appropriate line)

\_\_\_\_\_ Full Accreditation

\_\_\_\_\_ Provisional or Conditional Accreditation

c. Date (Month and Year) when current accreditation will expire \_\_\_\_\_

**Section II: APPLICATION DATA**

**A. ENROLLMENT:**

Full and half-time nursing student enrollment as of October 15, 2023 \_\_\_\_\_

**B. FUNDS REQUESTED:**

a. Total Projected Need for the period 07/01/2024 - 06/30/2025 \$ \_\_\_\_\_

(NOTE: requested amount may not be the full amount received.)

b. Institutional Contribution (1/9<sup>th</sup> of line a) \$ \_\_\_\_\_

c. Total Funds Requested for the period 07/01/2024 -06/30/2025  
(a-b) \$ \_\_\_\_\_

INSTITUTION: \_\_\_\_\_

PROGRAM: \_\_\_\_\_ EIN#: \_\_\_\_\_

OPSID (leave blank): \_\_\_\_\_

## **TERMS AND CONDITIONS OF AGREEMENT**

The terms and conditions set forth represent the agreement between the applicant school and the Secretary of Health and Human Services for the establishment and maintenance of an Nursing Student Loan (NSL) fund, and are binding on all parties and personnel participating in the program supported.

**PROGRAM ADMINISTRATOR:** Please indicate the person responsible for the day-to-day administration of this program.

**SIGNATURE OF AUTHORIZING OFFICIAL:** This agreement must be signed by the Authorizing Official. The person designated as the Authorizing Official@ is legally responsible and accountable for the use and disposition of any funds awarded on the basis of this agreement.

### **A. ASSURANCES AND PUBLIC POLICY REQUIREMENTS**

Title VI of the Civil Rights Act of 1964 and 45CFR Part 80 states: No person in the United States shall, on the grounds of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving financial assistance from the Department of Health and Human Services (DHHS), must be operated in compliance with this law.

Attention is called to the requirements of Title IX of the Education Amendments of 1972 and In particular to Section 901 of such Act and 45 CFR 86, which provide that no person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any educational program or activity receiving Federal financial assistance.

Attention is called to Section 710 of the Public Health Service (PHS) Act which provides that no contract, grant, cooperative agreement, loan guarantee, or interest subsidy payment may be awarded under Titles VII and VIII to, or for the benefit of, any school program or training center if the tuition level or educational fees at the school, program or training center are higher for certain students solely on the basis that such students are the recipients of traineeships, loans, loan guarantees, service scholarships, or interest subsidies from the Federal Government.

In accordance with 45 CFR, Part 83 of the DHHS Regulations issued under Section 704 and 855 of the PHS Act, no grant, loan guarantee, or interest subsidy payment und Titles VII or VIII of the PHS Act shall be made to or for the benefit of any entity, and no contract under Titles VII or VIII of the PHS Act shall be made with any entity, unless the entity will not discriminate on the basis of sex in the admission of individuals to its training programs.

In accordance with 45 CFR Part 91, attention is called to the general rule that no person in the United States shall, on the basis of age, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving financial assistance.

Attention is called to the requirements of OMB circular M-87-32 which provide that an applicant institution receiving a loan must not be delinquent on any Federal debt.

The applicant institution must comply with the requirements of 45 CFR, Part 76, Subpart F, which requires certification that grantees will provide and maintain a drug-free workplace.

The Drug-Free Schools and Communities Act Amendments of 1989, P.L. 101-226, require that any public or private institution of higher education (including independent hospitals conducting training programs for health care personnel), State educational agency, or local educational agency receiving Federal financial assistance must certify to the Secretary of Education, as a condition for funding, that it has adopted and implemented a drug prevention program as described in 34CFR, Part 86, (55FR 33580), August 16, 1990. The provisions of the regulations also apply to subgrantees which receive Federal funds from any Federal grantee regardless of whether or not the primary grantee is an institution of higher education, State educational agency, or local educational agency.

The applicant organization must certify, among other things, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency. Subawardees, (i.e., other corporations, partnerships, or other legal entities called Lower tier participants), must make the same certification to the applicant organization concerning their covered transactions. The pertinent DHHS regulations are found in 45 CFR Part 76.

## B. FEDERAL CAPITAL CONTRIBUTION (FCC)

1. Monies paid to the institution, pursuant to this application in the form of FCC shall be maintained by the institution in a separate account, hereafter referred to as the AFCC Fund. In addition to Federal Capital Contributions, the institution shall maintain in the FCC Fund:
  - a. an amount equal to not less than one-ninth of such FCC, contributed by the institution;
  - b. collections of principal and interest on loans made to students from the FCC Fund;
  - c. collections of charges pursuant to Section 836(f) of the PHS Act; and
  - d. any other earnings of the FCC Fund.

2. The FCC Fund shall be used by the institution only for:
  - a. loans to eligible nursing students pursuing a full-time or half-time course of study;
  - b. costs of litigation arising in connection with the collection of any obligations to the FCC Fund, and interest thereon; and
  - c. other collection costs that are in excess of the usual expenses incurred in the collection of student loans to the extent specifically approved by the Secretary.
3. The Secretary, DHHS shall pay to the institution its proportionate share of the amount of principal and interest which is canceled with respect to student loans pursuant to Section 836(b)(3) and (4), and (i) of the PHS Act.
4. The FCC Fund must be maintained by the institution in an insured, interest bearing account at all times, unless it is not cost effective, and all earnings must become a part of the FCC Fund. If the account is not Federally insured, the institution will be liable for any loss that may occur.
5. Capital distributions shall be made as provided under Section 728 of the PHS Act.

INSTITUTION: \_\_\_\_\_

PROGRAM: \_\_\_\_\_ EIN#: \_\_\_\_\_

OPSID (leave blank): \_\_\_\_\_

Program Director: \_\_\_\_\_  
NAME (print)

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address2: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Financial Aid Official: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address2: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**CERTIFICATION AND ACCEPTANCE:** The undersigned official of the applicant institution accepts, as to any Federal funds allocated and paid as a result of this application, the obligation to comply with the applicable provisions of the PHS Act as amended, regulations, and with the PHS policies in effect at the time of such allocation and payment.

Signature of Authorizing Official:

\_\_\_\_\_  
Name (print) Title \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

**ANY PERSON WHO KNOWINGLY MAKES A FALSE STATEMENT OR MISREPRESENTATION IN OBTAINING THESE FUNDS IS SUBJECT TO PENALTIES WHICH MAY INCLUDE FINES AND IMPRISONMENT UNDER FEDERAL STATUTE.**